



Texas Department of Health
Bureau of Emergency Management

EMS RETEST APPLICATION

Check retest level:

☐ ECA ☐ EMT ☐ EMT-I ☐ EMT-P ☐ PARAMEDIC LICENSURE
☐ COORDINATOR ☐ EMS INSTRUCTOR ☐ EMD INSTRUCTOR

Make check or money order payable to the Texas Department of Health.

- ☐ \$25.00 retest fee
☐ EXEMPT from retest fee if you do not receive compensation for providing emergency medical services.

For TDH Use Only 2A284/160

Receipt # _____

Date _____

Amount _____

See **Privacy Notice** below. All information given on this application is considered public record, with exception of social security number*.

Name: Last First Middle				Social Security #* or EMS Personnel ID#:	
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.					
Mailing Address:		PO Box or Street		City	State Zip
					Date of Birth: MM/DD/YY / /
Home Phone: () -			Business Phone: () -		
Are you associated with an EMS provider/1st responder? <input type="checkbox"/> No or <input type="checkbox"/> Yes					
If yes, full name of provider: _____					
Address of provider: _____					
<input type="checkbox"/> Volunteer** or <input type="checkbox"/> Salaried - Employment Date: _____					
**If you paid the initial application fee and are now claiming exempt status, you must complete a volunteer sign-off form. Contact your local public health region office for a form and assistance.					
Signature:				Date:	

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

245-2/02